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Bib Data Sheet

CONFIRMATION NO. 5310

SERIAL NUMBER 10/814,809	FILING DATE 04/01/2004  RULE	CLASS 343	GROUP ART UNIT 2821	ATTORNEY DOCKET NO. 044499-0200
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE HN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE HN

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 2017	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature 	Initials HN		

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## TITLE

Immobilizer coil attachment

FILING FEE  RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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